# ATTACHMENT 3 BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the <u>Bid/Bidder Certification Sheet</u>. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with <u>original signatures</u>. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Cert	ification Sheet Ma	ay Be Cause fo	r Bid Rejection			
مفصانا			none Number 543-2113	2a. Fax Number 630 544-7643		
2b. Email Address BCotta				(2)9 211-1413		
3. Address	11 640,1051	JESSICE NORC	7,00W1	·		
4130 Lake Tahoe BIVd.	. South Lat	leTahoe	, CA 96150	<b>&gt;</b>		
Indicate your organization type: 4. Sole Proprietorship		5. Partner	<i>'</i>	6. Corporation		
Indicate the applicable employee and 7. Federal Employee ID No. (FEIN			8. California Corp	poration No. 297-9079		
Indicate the Department of Industria.  9. Contractor Registration Number		ion:				
Indicate applicable license and/or ce	rtification information	on:	1 .			
10. Contractor's State Licensing Board Number	0. Contractor's State Licensing			11. PUC License Number CAL-T-		
SKYH102371194			CAL-1-			
12. Bidder' Name (Print)  Bill Cotinil	1/1		13. Title Genera	al Managere		
14. Signature			15. Date 3.17.17			
16. Are you certified with the Depar Enterprise Services (OSDS) as:	rtment of General Se	ervices, Office o	f Small Business and	l Disabled Veteran Business		
a. Small Business Enterprise If yes, enter certification number:	<u> </u>			led Veteran Business Enterprise Yes [ ] No [ ] ter your service code below:		
NOTE: A copy of your Certification	is required to be inc	 cluded if either o	f the above items is o	checked "Yes".		
Date application was submitted to O	SDS if an application	on is nending				

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

## **BID PROPOSAL**

ADM-1412 (REV. 11/2015)

## **ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):		Contract NO. <b>03A2529</b>		
ITEM NO.	Description	Estimated Nights	Rate Per night (Includes Tax)	TOTAL (Estimated Nights Rate Per Night)
	*Winter Season-Sunday Through Thursday*			
1	Standard Room ( Queen size bed minimum; 1 or 2 persons)	1400	\$ 106.18	\$148,652.0
2	*Winter Season-Friday and Saturday*	550	\$106.18	\$58,399.00
	Standard Room ( Queen size bed minimum; 1 or 2 persons)			
3	*Winter Season-Holiday*	80	\$106.18	\$8,494.40
	Standard Room ( Queen size bed minimum; 1 or 2 persons)			
			Subtotal This Sheet:	\$215 CUS UT

(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED

(2) IN CASE OF A DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

(3) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER MAY BE GROUNDS FOR BID REJECTION.

(4) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

See Exhibit A, Section 7.F.

"HOLIDAYS" are defined as State Holidays established and observed by the State of California

\* Winter Season covers October 1 through April 30

\*\* Summer Season covers May 1 through September 30.

This is a multiple provider contract. Only the lowest responsive responsible bidder's total cost will be used for the maximum amount of the agreement. Contractors will be paid their rates in accordance with their bids, Attachment 1, Bid Proposal and Exhibit B, Budget Detail and Payment Provisions.

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

#### BID PROPOSAL

ADM-1412 (REV. 11/2015)

#### **ATTACHMENT 1**

CONTRA	ACTOR'S NAME (Please Print):		ntract NO. A2529	
ITEM NO.	Description	Estimate Nights	(Includes Tax)	TOTAL (Estimated Nights Rate Per Night)
	**Summer Season-Sunday Through Thursday**		ter terminal	
1	Standard Room ( Queen size bed minimum; 1 or 2 persons)	800	\$ 106.18	\$84,944.00
2	**Summer Season-Friday and Saturday**	320	\$ 106.18	\$33,977.60
,	Standard Room ( Queen size bed minimum; 1 or 2 persons)			
3	**Summer Season-Holiday**	20	\$ 106.18	\$2,123.60
	Standard Room ( Queen size bed minimum; 1 or 2 persons)			٠.
			Subtotal This Sheet:	2/1/2/15 22

(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED

(2) IN CASE OF A DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

(3) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER MAY BE GROUNDS FOR BID REJECTION.

(4) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

See Exhibit A, Section 7.F.

"HOLIDAYS" are defined as State Holidays established and observed by the State of California

- \* Winter Season covers October 1 through April 30-
- \*\* Summer Season covers May 1 through September 30.

This is a multiple provider contract. Only the lowest responsive responsible bidder's total cost will be used for the maximum amount of the agreement. Contractors will be paid their rates in accordance with their bids, Attachment 1, Bid Proposal and Exhibit B, Budget Detail and Payment Provisions.